## CCR New Registration Screenshots December 2007



**Welcome to CCR** 



**Select Entity Type** 



Start New Registration Information— Four Key Items Needed to Start



**Enter DUNS Number** 



**Enter Your Organization's Name and Address** 



When Your Input Doesn't Match D&B Sufficiently



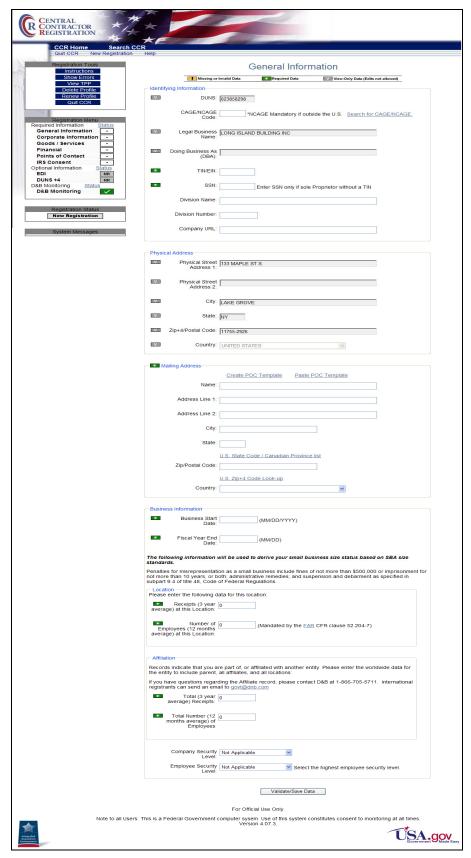
**CCR New Registration Verification** 



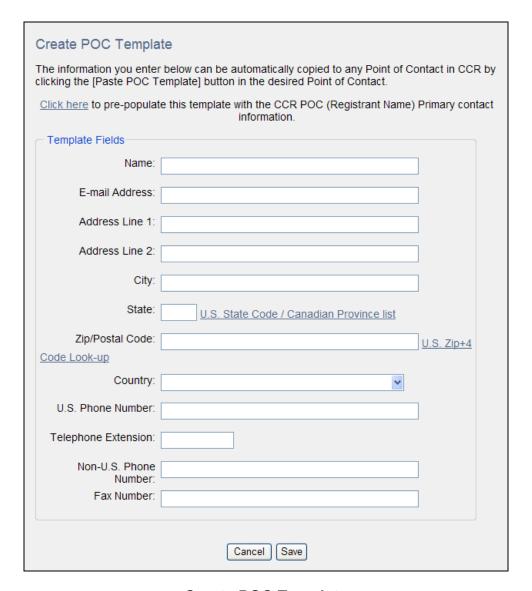
**Confirmation Number** 



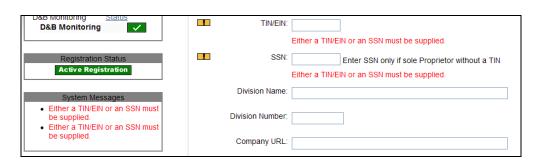
**Instructions Page** 



**General Information Page** 



**Create POC Template** 



**System Error Messages Displayed** 



**Corporate Information Page** 

### Select Organization Type: U.S. Federal, State, Local, Tribal, or Foreign Government entity/agency

	Business or Organization
Tur	o of Covernment
	e of Government  Please select your type of Government Entity.
	U.S Federal Government (If selected, then choose one subgroup below.)
	∪. S Pederal Government (il selected, then choose one subgroup below.)  ☐ Federal Agency
	Federally Funded Research and Development Corporation
	U.S. State Government
	U.S. Local Government (If selected, choose all subgroups that apply)  ☐ City
	□ County
	☐ Inter-municipal
	Local Government Owned
	☐ Municipality ☐ School District
	Township
	Tribal Government
	Foreign Government
	s your organization/entity one of the following? (Optional information. Check if the types apply t organization )
-	organization.)
	rport Authority puncil of Governments
	ousing Authorities Public/Tribal
	erstate Entity
	anning Commission ort Authority
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Do ap	es your Organization qualify as one of the following? (Optional information. Check if the types oly to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution  Foundation  Hospital  Veterinary Hospital
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Do app	es your Organization qualify as one of the following? (Optional information. Check if the types on to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution  Foundation  Hospital  Veterinary Hospital  Our Organization is an Education Entity, does it qualify as one of the following? (Optional ormation, Check if the types apply to your organization.)  1862 Land Grant College  1890 Land Grant College  Historically Black College or University (HBCU)  Minority Institutions  Private University or College  School of Forestry  Hispanic Servicing Institution of Higher Learning  Tribal College  Veterinary College  at is the Nature of your organization's Business? (Optional information, Check all that apply)  Architecture and Engineering (A&E)  Construction Firm  Manufacturer of Goods  Research and Development  Service Provider  Your Dusiness Certified by a state certifying agency as a Department of Transportation (DOT) advantaged Business Enterprise (DBE)?  Yes - DoT Certified DBE  our organization is a Federally Recognized Native American Entity, check all that apply.)  Alaskan Native Corporation Owned Firm
Do app	es your Organization qualify as one of the following? (Optional information. Check if the types oby to your organization.)  Community Development Corporation  Domestic Shelter  Educational Institution  Foundation  Hospital  Veterinary Hospital  Our Organization is an Education Entity, does it qualify as one of the following? (Optional ormation, Check if the types apply to your organization.)  1862 Land Grant College  1890 Land Grant College  1994 Land Grant College  1994 Land Grant College  1994 Land Grant College  School of Forestry  Hispanic Servicing Institution  State Controlled Institution of Higher Learning  Tribal College  Veterinary College  at is the Nature of your organization's Business? (Optional information, Check all that apply)  Architecture and Engineering (A&E)  Construction Firm  Manufacturer of Goods  Research and Development  Service Provider  Your business certified by a state certifying agency as a Department of Transportation (DOT) adayantaged Business Enterprise (DBE)?  Yes - Dot Certified DBE
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**Type and Business Factors Displayed for Government Organization** 

#### **Select Organization Type: Business or Organization**

	Business or Organization
- Orga	nizational Structure
	ease indicate the form of your Business or Organization as defined by the IRS. (Check one)
	porate Entity, Not Tax Exempt (Firm pays Federal Income Taxes) porate Entity, Tax Exempt (Firm does not pay Federal Income Taxes)
	tnership or Limited Liability Partnership
	e Proprietorship
Onte	rnational Organization
Oui	ei
Bueir	uess Information
	your Business/Organization one of the following?
	eign Owned and Located all Agricultural Cooperative
	hat is your Organization's Profit Structure? Please check one of the following.
	-Profit Organization  profit Organization
	er Not for Profit Organization
	your business qualifies in one of the following Socio-Economic Categories, check all that
<u>the re</u>	t the current status of your business. Small Business status will automatically be derived fron ceipts, number of employees, assets, or megawatt hours, and NAICS codes entered in the al Information portion of the registration.
	nmunity Development Corporation Owned Firm
	or Surplus Area Firm
	nese categories require that the firm is 51% owned and the management and daily operations introlled by one or more members of the selected socio-economic group.
	elf Certified Small Disadvantaged Business
_	eteran Owned Business
	Service Disabled Veteran Owned Business
	/oman Owned Business linority Owned Business(if selected then one sub-type is required.)
	Asian-Pacific American Owned
	Subcontinent Asian (Asian-Indian) American Owned
	Black American Owned
	) Hispanic American Owned ) Native American Owned
	Other than one of the preceding
	r Business Factors (Optional Information)
*	
* Doe	r Business Factors (Optional Information)  s your Organization qualify as one of the following? (Optional information, Check if the types by to your organization.)
Doe app	s your Organization qualify as one of the following? (Optional information, Check if the types ty to your organization.)  I Community Development Corporation
Doe app	s your Organization qualify as one of the following? (Optional information, Check if the types your organization.)  Community Development Corporation  Domestic Shelter
Doe app	s your Organization qualify as one of the following? (Optional information, Check if the types by to your organization.)  Community Development Corporation  Domestic Shelter  Educational institution
Doe app	s your Organization qualify as one of the following? (Optional information, Check if the types your organization.)  Community Development Corporation  Domestic Shelter
Doe app	s your Organization qualify as one of the following? (Optional information, Check if the types by to your organization.)    Community Development Corporation     Domestic Sheiter     Educational Institution     Foundation     Hospital     Veterinary Hospital
Doe app	s your Organization qualify as one of the following? (Optional information, Check if the types y to your organization.)   Community Development Corporation     Council Community Development Corporation     Council Community Development Council Co
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Doe apping a point of the point	s your Organization qualify as one of the following? (Optional information, Check if the types by to your organization.)  Community Development Corporation  Domestic Sheiter  Educational Institution  Foundation  Hospital  Veterinary Hospital  Veterinary Hospital  Vereninary College  Historically Black College or University (HBCU)  Milmority Institutions  Private University or College  School of Forestry  Hispanic Servicing Institution  State Controlled Institution of Higher Learning  Tribal College  Veterinary College  Veterinary College  List the Nature of your organization's Business? (Optional information, Check all that apply)  Architecture and Engineering (A&E)  Construction Firm  Manufacturer of Goods  Research and Development  Service Provider  Very Dusiness Certified by a state certifying agency as a Department of Transportation (DOT)  divantaged Business Enterprise (DBE)?  Ves - DoT Certified DBE  Ves - Cortified DBE  Very Certified DBE  Very Lorganization is a Federally Recognized Native American Entity, check all that apply.)  Alaencian Indian Owned

Organization Structure, Business Information, and Other Factors for Organization Displayed

#### **Corporate Entity Selected on Corporate Information page:**

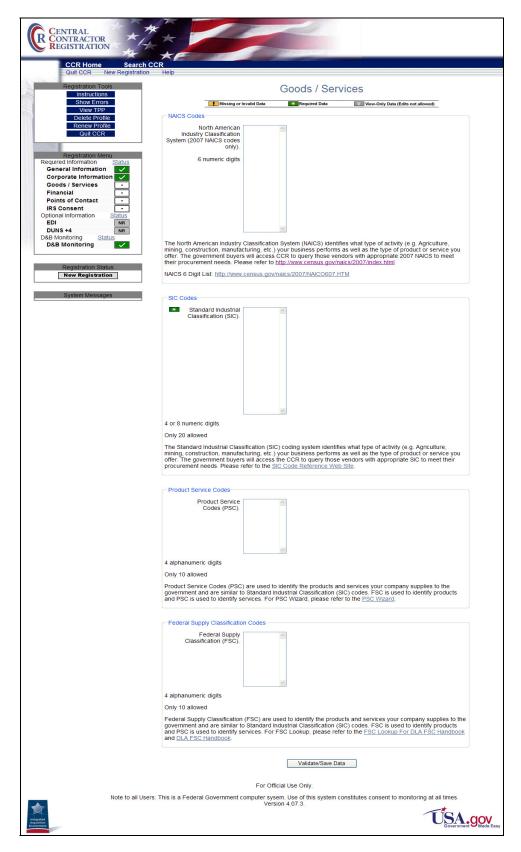


**Incorporation Section Displayed** 

#### **Sole Proprietorship Selected on Corporate Entity Page:**

Organizational Structure  Please indicate the form	m of your Business or Organization as defined by the IRS. (Check one)
	Exempt (Firm pays Federal Income Taxes)  npt (Firm does not pay Federal Income Taxes)  ility Partnership
- <b>≭</b> Sole Proprietorship Poin	it of Contact
Required if you selected "Sole	Proprietorship" as Type of Organization
	Create POC Template Paste POC Template
Name:	
E-mail Address:	
U.S. Phone Number:	
Telephone Extension:	
Non-U.S. Phone Number:	
Fax Number:	

**Sole Proprietorship Point of Contact Section Displayed** 



#### **Goods/Services Page**

Quit CCR New Registration  Registration Tools	Financial Information
Instructions Show Errors	■ Missing or Invalid Data ■ Required Data □ View-Only Data (Edits not allowed)
View TPP Delete Profile	Electronic Funds Transfer (EFT) This content is optional for Non-U.S. Businesses.
Renew Profile  Quit CCR	Financial Institution:
Registration Menu equired Information Status	ABA Routing Number:
General Information Corporate Information Goods / Services Financial	Account Number:
Points of Contact - IRS Consent ptional Information Status	Re-enter Account Number:
EDI NR DUNS +4 NR &B Monitoring Status	Account Type: Ochecking Osavings  Lockbox Number:
D&B Monitoring	
Registration Status  New Registration	Automated Clearing House (ACH) At least one method of contact must be entered for your financial institution unless you are a government
	organization or a Non-U.S. Business.  US Phone Number:
System Messages	
	Non-US Phone Number:
	* FAX (US Only):
	E-mail Address:
	Remittance Information
	Address to mail check to if EFT is temporarily unavailable.
	Create POC Template Paste POC Template
	Name:
	Address Line 1:
	Address Line 2:
	City:
	State:
	U.S. State Code / Canadian Province list
	Zip/Postal Code:
	U.S. Zip+4 Code Look-up
	Country:
	Accounts Receivable Point of Contact  Create POC Template  Paste POC Template
	Name:
	E-mail Address:
	U.S. Phone Number:
	Telephone Extension:
	Non-U.S. Phone Number:
	Fax Number:
	Credit Cards
	Does the company accept credit cards as a method of payment?

**Financial Information Page** 

CENTRAL CONTRACTOR REGISTRATION	*	
CCR Home Search CCF		
Registration Tools	Help	Points of Contact
Instructions Show Errors	Missing or	
View TPP Delete Profile Renew Profile	* CCR POC (Registrant I	
Quit CCR	The Registrant acknowledges	s that the information provided is current, accurate, and complete. <u>Create POC Template</u> <u>Paste POC Template</u>
Registration Menu Required Information Status	Name:	
General Information Corporate Information	E-mail Address:	
Goods / Services Financial Points of Contact	U.S. Phone Number:	
IRS Consent - Optional Information Status EDI NR	Telephone Extension:	
DUNS +4 NR D&B Monitoring Status D&B Monitoring	Non-U.S. Phone Number:	
	Fax Number:	
Registration Status  New Registration		
System Messages	* CCR POC Alternate	
	Name:	Create POC Template Paste POC Template
	E-mail Address:	
	U.S. Phone	
	Number:	
	Telephone Extension:	
	Non-U.S. Phone Number:	
	Fax Number:	
	rax number.	
	Government Business	Point of Contact - Primary
		esponsible for marketing and sales with the government. This information will be R inquiry Web Site. All methods of contact are required if the Government Business
	Point of Contact is entered.	Create POC Template Paste POC Template
	Name:	
	E-mail Address:	
	Address Line 1:	
	Address Line 2:	
	City:	
	State:	
		U.S. State Code / Canadian Province list
	Zip/Postal Code:	
	Country:	U.S. Zip+4 Code Look-up
	U.S. Phone Number:	
	Telephone	
	Extension:	
	Non-U.S. Phone Number:	
	Fax Number:	
	Government Business	
	The person in the company r publicly displayed on the CCI	
	Name:	Create POC Template Paste POC Template
	E-mail Address:	
	Address Line 1:	
	Address Line 2:	
	City:	
	State:	
		U.S. State Code / Canadian Province list
	Zip/Postal Code:	
		U.S. Zip+4 Code Look-up
	Country: U.S. Phone	<u> </u>
	U.S. Phone Number:	
	Telephone Extension:	
	Non-U.S. Phone Number:	
	Fax Number:	
	i ax inaliber.	

Points of Contact Page—Part 1

Past Performance Point o This information will be publ	Contact - Primary  cly displayed on the CCR Inquiry Web Site. For more information visit the PPAIS web
site.	Create POC Template Paste POC Template
Name	
E-mail Address	
Address Line 1	
Address Line 2	
City	
State	
Zip/Postal Code	U.S. State Code / Canadian Province list
	U.S. Zip+4 Code Look-up
Country	
U.S. Phone Number	
Telephone Extension	
Non-U.S. Phone Number	
Fax Number	
Past Performance Point o	Contact - Alternate
	icly displayed on the CCR Inquiry Web Site. For more information visit the PPAIS web
	Create POC Template Paste POC Template
Name	
E-mail Address	
Address Line 1	
Address Line 2	
City	
State	U.S. State Code / Canadian Province list
Zip/Postal Code	G.S. State Code / Canadian / 1991icc iis
Country	U.S. Zip+4 Code Look-up
U.S. Phone Number	
Telephone Extension	
Non-U.S. Phone Number	
Fax Number	
■ Electronic Business P.	oint of Contact - Primary
	responsible for authorizing individual company personnel access into government [e.g. Eletronic Document Access (EDA), Wide Area Work Flow (WAWF), etc.] This splayed on the CCR Inquiry Web Site.
information will be publicly d	splayed on the CCR inquiry Web Site. <u>Create POC Template Poste POC Template</u>
Name	
E-mail Address	
Address Line 1	
Address Line 2	
City	
State	
Zip/Postal Code	U.S. State Code / Canadian Province list
Country	U.S. Zlp+4 Code Look-up  ▼
U.S. Phone Number	
Number Telephone Extension	
Non-U.S. Phone	
Number Fax Number	
Fax Number	

Points of Contact Page—Part 2

■ Electronic Business Pol	
This information will be public	ly displayed on the CCR Inquiry Web Site.
	Create POC Template Paste POC Template
Name:	
E-mail Address:	
Address Line 1:	
Address Line 2:	
City:	
State:	
	U.S. State Code / Canadian Province list
Zip/Postal Code:	
	U.S. Zip+4 Code Look-up
Country:	<u> </u>
U.S. Phone Number:	
Telephone Extension:	
Non-U.S. Phone	
Number:	
Fax Number:	
	,
← Previous Business Name—	
	Create POC Template Paste POC Template
Name:	
Address Line 1:	
Address Line 2:	
Address Line 2:	
City:	
State:	
	U.S. State Code / Canadian Province list
Zip/Postal Code:	
	U.S. Zip+4 Code Look-up
Country:	<u> </u>
Government Parent	
Used by registering government (HQ), e.g. DLA.	ent agencies. If this CCR registration is a division of the government, provide the
	Create POC Template Paste POC Template
Name:	
Address Line 1:	
Address Line 2:	
Chr	
City:	
State:	
	U.S. State Code / Canadian Province list
Zip/Postal Code:	
	U.S. Zip+4 Code Look-up
Country:	<u> </u>
Corporate Point of Contact	Create POC Template Paste POC Template
Name:	
E-mail Address:	
U.S. Phone Number:	
Telephone	
Extension:	
Non-U.S. Phone	
Number:	
Fax Number:	
Marketing Personal Identific	
₩ MPIN:	
etc.). The MPIN acts as your	This is a self-defined access code that will be shared with authorized partner mance Automated information System (PPAIS), Technical Data Solutions (TeO), password in these other systems, and you should guard it as such. The MPIN ontain at least one alpha character, one number, and no spaces or special
	Validate/Save Data
	For Official Use Only.
Note to all Users: This is a Federal Government of	computer sysem. Use of this system constitutes consent to monitoring at all times.
Norge and Constraints	Version 4.07.3.

Points of Contact Page—Part 3

R CENTRAL CONTRACTOR	*
REGISTRATION	*E
CCR Home Search C	CR Help
Registration Tools	CONSENT TO DISCLOSURE OF TAX INFORMATION
Instructions Show Errors	I hereby authorize the Internal Revenue Service (IRS) to validate that the Legal Business Name and Taxpayer
View TPP Delete Profile Renew Profile	Identification Number (TIN) (Employer Identification Number or Social Security Number) provided by the registrant matches or does not match the name and/or name control and TIN in the files of the IRS for the most current tax year reported.
Quit CCR	Pursuant to 26 U.S.C. 6103(c), I hereby authorize the Internal Revenue Service (IRS) to disclose to the officers and employees of the Central Contractor Registration (CCR) Program Office whether the name and/or name control and TIN
Registration Menu Required Information Status	provided in connection with this registration is the TIN maintained in IRS files for <b>LONG ISLAND BUILDING INC</b> for the most current tax year reported. I recognize that this validated TIN will reside on the CCR and be accessible to Federal Government procurement officials and other government personnel performing managerial review and oversight, for use in all governmental business activities including tax reporting requirements and debt collection.
General Information Corporate Information	For questions about your EIN, please call the IRS at 1-866-255-0654. For questions about your SSN, please call the Social Security Administration at 1-800-772-1213, in addition by providing the following information, I certify that I have
Goods / Services Financial Points of Contact	the authority to execute this consent for the disclosure of <b>this return information</b> on behalf of the registrant.
IRS Consent - Optional Information Status	Missing or Invalid Data     ■ Required Data     View-Only Data (Edits not allowed)  TIN Consent
EDI NR DUNS +4 NR	Taxpayer Name: LONG ISLAND BUILDING INC
D&B Monitoring Status D&B Monitoring	Taxpayer 333333333 See above note for IRS definition identification Number (TIN):
Registration Status	Taxpayer Street 133 MAPLE ST S
New Registration	Address 1:
System Messages	Taxpayer Street Address 2:
	Taxpayer City: I AKF GROVF
	Taxpayer State: NY
	Taxpayer 11755-2926 Zlp+4/Postal Code.
	Taxpayer Country: USA
	Type of Tax: APPLICABLE FEDERAL TAX
	Tax Year (insert most recent tax year).
	Name of Individual Executing Consent
	Title of Individual
	Executing Consent:
	Signature: Enter your MPIN here
	Your MPIN can be found at the bottom of the <u>Points of Contact</u> page.
	Date: 10/9/2007
	Validate/Save Data
	For Official Use Only.
Note to all User	s: This is a Federal Government computer sysem. Use of this system constitutes consent to monitoring at all times.  Version 4.07.3.
Notice Med Acquisition Environment	USA GOV Government Swade Easy

**IRS Consent Page** 



#### **Successful Registration Finish**

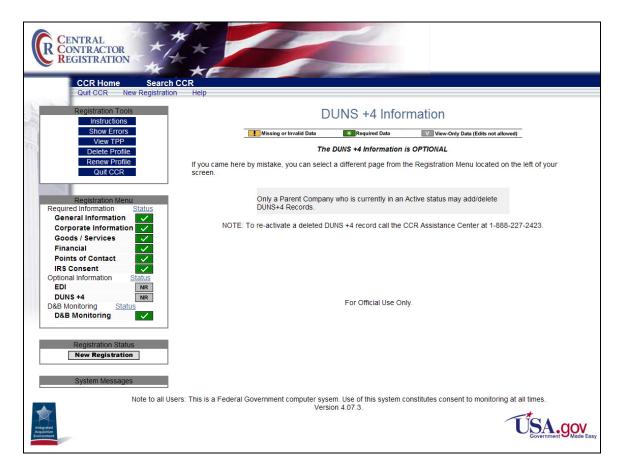
Or



Successful Registration Finish—Qualified for one or more SBA Small Business Types

	n Help	
Registration Tools Instructions		EDI Information
Show Errors View TPP	The EDI Information is OPTIONAL do not fill out this page.	Information. If you are NOT currently using a Value Added Network (VAN)
Delete Profile  Renew Profile  Quit CCR	If you came here by mistake, you ca screen, or click here to quit CCR Up	n select a different page from the "Registration Menu" located on the left of your late.
Registration Menu	complete the Electronic Commerce I	CR application DOES NOT make you EDI compilant. In order to successfully teroperability Process (ECIP), you must utilize an authorized Value-Added- Electronic Commerce Infrastructure (ECI).
Required Information Status  General Information  Corporate Information	You can obtain a list of authorized V Infrastructure (ECI): http://ec.ogden.	alue-Added-Networks (VANs) connected to the DoD Electronic Commerce disa_mil/vans.htm
Goods / Services	■ Missing or Invalid D	ata Required Data V View-Only Data (Edits not allowed)
Points of Contact	EDI Information  Value Added	
IRS Consent Optional Information Status	Network (VAN) Provider:	<u>*</u>
DUNS +4 NR	Interchange ID (ISA) Qualifier:	V
D&B Monitoring Status D&B Monitoring	Interchange Sender ID (ISA) Identifier: corres	Interchange Sender ID (ISA06) Identifier - value ponding to company's qualifier selected for EDI transactions. No dashes,
5 : 1 # 21 1	spaces, or special characters.	portaing to company a qualitor accepted to Estimatications. No destroy,
Registration Status  New Registration	Functional Group (GS02) Identifier:	Functional Group (GS02) Identifier - this further defines mpany's identifiers for the addressing of EDI transactions. No dashes,
	spaces, or special characters.	impany's identifiers for the addressing of EDI transactions, No dashes,
System Messages	Request 820s OYe	s • No
	Do yo	u want to receive Remittance Advice Notices (820's) through your Value
	Added	Network provider?
	<b>★</b> EDI Point of Contact	Network provider?
	This is the individual within the comprovide an individual's name and at	Network provider?
	This is the individual within the comprovide an individual's name and at	Network provider?  Doany that should be contacted if there are any specific EDI concerns. Please least one method of contact.
	This is the individual within the comprovide an individual's name and at	Network provider?  Doany that should be contacted if there are any specific EDI concerns. Please least one method of contact.
	This is the individual within the comprovide an individual's name and at Crs	Network provider?  Doany that should be contacted if there are any specific EDI concerns. Please least one method of contact.
	This is the individual within the comprovide an individual's name and at Screen Name:  E-mail Address:  U.S. Phone	Network provider?  Doany that should be contacted if there are any specific EDI concerns. Please least one method of contact.
	This is the individual within the comprovide an individual's name and at Screen Name:  E-mail Address:  U.S. Phone Number:  Telephone	Network provider?  Doany that should be contacted if there are any specific EDI concerns. Please least one method of contact.
	This is the individual within the comprovide an individual's name and all Cree Name:  E-mail Address:  U.S. Phone Number:  Telephone Extension:  Non-U.S. Phone	Network provider?  Doany that should be contacted if there are any specific EDI concerns. Please least one method of contact.
	This is the individual within the comprovide an individual's name and at Cre Name:  E-mail Address:  U.S. Phone Number:  Telephone Extension:  Non-U.S. Phone Number:  Fax Number:	Network provider?  Doany that should be contacted if there are any specific EDI concerns. Please least one method of contact.

**EDI Information Page** 



**DUNS + 4 Information Page** 



# D&B Monitoring Information Page—Mandatory D&B Monitoring is Mandatory for Monitored Countries



**D&B Monitoring Information Page—Optional** 

D&B Monitoring is Optional for Non-Monitored Countries or U.S. Territories (American Samoa, Guam, Northern Mariana Is, Puerto Rico, Virgin Islands, U.S.)